

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 09/965,003 Confirmation No. 2730  
 Applicants : Dutta et al.  
 Title: Patient Information Management System  
 Filed : September 27, 2001  
 TC/A.U. : 3626  
 Examiner : Michael Tomaszewski  
 Docket No. : AUS920010684US1  
 Customer No. : 48,916

**BRIEF ON APPEAL**

Mail Stop Appeal Briefs-Patents  
 Commissioner for Patents  
 P.O. Box 1450, Alexandria, VA 22313-1450

This is an appeal from the Office Action, mailed on July 18, 2006, finally rejecting claims 1-19.

The fee for filing this Brief on Appeal is \$500.00, and the Commissioner is hereby authorized to deduct that amount from IBM Corporation, Deposit Account No. 09-0447.

A Request for a One-Month Extension of Time and a check in the amount of \$120 are included so that this Brief may be filed by December 18, 2006.

If these amounts are insufficient, or should any additional fees under 37 C.F.R. § 1.16 to 1.21 be required for any reason relating to the enclosed materials, the Commissioner is authorized to deduct said fees from IBM Corporation, Deposit Account No. 09-0447.

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**REAL PARTY IN INTEREST**

The real party in interest is International Business Machines Corp. (IBM) of Armonk, New York

**RELATED APPEALS AND INTERFERENCES**

There are at present no appeals or interferences on any applications related to the present application.

**STATUS OF CLAIMS**

Claims 1-19 are currently pending and have been finally rejected.

Claims 1-19 have been rejected under 35 U.S.C. §103(a) as being unpatentable over Mayaud (U.S. Patent No. 5,845,255) in view of Joao (U.S. Patent No. 6,283,761).

The rejection of each of claims 1-19 is appealed.

**STATUS OF AMENDMENTS**

All amendments to the claims have been entered.

## **SUMMARY OF CLAIMED SUBJECT MATTER**

In general, the present invention relates to a system and method for managing medical patient prescription information. Each claim being appealed is summarized below.

**Claim 1** is an independent claim directed to a method in which a patient prescription for a specified medication is received (**FIG. 5, Item 502**); the availability of insurance coverage is verified (**FIG. 5, Item 506**); an insurance payment category for the prescription is determined (**FIG. 5, Item 516**); and the payment category and the payment are transmitted to the insurance company without the medication information (**FIG. 5, Item 518**).

**Claim 2** is a dependent claim directed to a method that includes all the elements of claim 1 in which the payment category is one of a list that includes brand name drugs, generic drugs and drugs that are not covered by an insurance plan (**FIG. 5, Item 516**).

**Claim 3** is a dependent claim directed to a method that includes all the elements of claim 1 plus the element of dispensing the specified medication to the patient (**p. 1, ¶005**).

**Claim 4** is a dependent claim directed to a method that includes all the elements of claim 1 plus the element of retrieving patient information and prescription information relating to the patient from a database (**FIG. 1, Item 114; p. 2, ¶016**).

**Claim 5** is a dependent claim directed to a method that includes all the elements of claim 4 plus the element of storing the prescription that is being received and the corresponding payment information on the storage medium (**FIG. 1, Item 114; p. 2, ¶016**).

**Claim 6** is a dependent claim directed to a method that includes all the elements of claim 1 plus the element of checking the received prescription against previous prescriptions for possible adverse reactions (**p. 1, ¶005**).

**Claim 7** is an independent claim for a method in which patient prescription information is stored on a storage medium (**FIG. 1, Item 114; p. 2, ¶016**); unlimited access to the prescription information is provided to the patient; and limited access to the prescription information is provided to a third party if the access is authorized by the patient (**FIG. 5, Item 518**).

**Claim 8** is an independent claim for a computer program product for managing patient prescription information that includes logic for receiving a patient prescription (**FIG. 5, Item 502**); logic for verifying the availability of insurance coverage (**FIG. 5, Item 506**); logic for verifying a payment category for the prescription (**FIG. 5, Item 516**); logic for

collecting a payment for a patient (**FIG. 5, Items 506, 508, 510 and 514**); and logic for transmitting the payment category and the payment to an insurance company without including information related to the specific prescribed medication (**FIG. 5, Item 518**).

**Claim 9** is a dependent claim directed to a computer program product that includes all the elements of claim 8 in which the payment category is one of a list that includes brand name drugs, generic drugs and drugs that are not covered by an insurance plan (**FIG. 5, Item 516**).

**Claim 10** is a dependent claim directed to a computer program product that includes all the elements of claim 8 plus logic for dispensing the specified medication to the patient (**p. 1, ¶005**).

**Claim 11** is a dependent claim directed to a computer program product that includes all the elements of claim 8 plus logic for retrieving patient information and prescription information relating to the patient from a database (**FIG. 1, Item 114; p. 2, ¶016**).

**Claim 12** is a dependent claim directed to a computer program product that includes all the elements of claim 11 plus logic for storing the prescription that is being received and the corresponding payment information on the storage medium (**FIG. 1, Item 114; p. 2, ¶016**).

**Claim 13** is a dependent claim directed to a computer program product that includes all the elements of claim 1 plus logic for checking the received prescription against previous prescriptions for possible adverse reactions (**p. 1, ¶005**).

**Claim 14** is an independent claim directed to a system for managing patient prescription information that includes means to receive a patient prescription for a specified medication (**FIG. 5, Item 502**); means for verifying the availability of insurance coverage (**FIG. 5, Item 506**); means for verifying a payment category (**FIG. 5, Item 516**); means for collecting a payment for a patient (**FIG. 5, Items 506, 508, 510 and 514**); and means for transmitting the payment, payment category, but not the medication information, to the insurance company (**FIG. 5, Item 518**).

**Claim 15** is a dependent claim directed to a system that includes all the elements of claim 14 in which the payment category is one of a list that includes brand name drugs, generic drugs and drugs that are not covered by an insurance plan (**FIG. 5, Item 516**).



**Claim 16** is a dependent claim directed to a system that includes all the elements of claim 14 plus logic for dispensing the specified medication to the patient (**p. 1, ¶005**).

**Claim 17** is a dependent claim directed to a system that includes all the elements of claim 14 plus logic for retrieving patient information and prescription information relating to the patient from a storage medium (**FIG. 1, Item 114; p. 2, ¶016**).

**Claim 18** is a dependent claim directed to a system that includes all the elements of claim 17 plus logic for storing the prescription that is being received and the corresponding payment information on the storage medium (**FIG. 1, Item 114; p. 2, ¶016**).

**Claim 19** is a dependent claim directed to a system that includes all the elements of claim 14 plus logic for checking the received prescription against previous prescriptions for possible adverse reactions (**p. 1, ¶005**).

**GROUND OF REJECTION TO BE REVIEWED ON APPEAL**

1. Whether each claim of a group of claims consisting of claims 1-19 are unpatentable under U.S.C. §103(a) over Mayaud (U.S. Patent No. 5,845,255; hereinafter referred to as “Mayaud”) in view of Joao (U.S. Patent No. 6,283,761; hereinafter referred to as “Joao”).

## ARGUMENTS OF APPELLANTS

1. **Whether a group of claims consisting of claims 1-19 are unpatentable under U.S.C. §103(a) over Mayaud (U.S. Patent No. 5,845,255; hereinafter referred to as “Mayaud”) in view of Joao (U.S. Patent No. 6,283,761; hereinafter referred to as “Joao”).**

Each of claims 1-19 as summarized above include either an element of transmitting information to a entity for payment without including information concerning the particular medicine being prescribed or other wise limiting the information that a third party receives subject to patient approval. The primary question related to the grounds of rejection for each claim summarized above is as follows: Does Joao describe “transmitting the payment category and the payment to the insurance company excluding the medication information”? The Final Office Action, dated 07/18/2006, (“Office Action,” or “O.A.”) admits that Mayaud “fails to expressly disclose a method comprising: ... (e) transmitting the payment category and the payment to the insurance company **excluding the medication information**” (O.A. page 4, *emphasis added*).

The O.A. relies upon Joao to address the deficiency of Mayaud and Applicants contend that Joao neither teaches nor suggests this element. Briefly, Joao does not mention the **exclusion** of information identifying a specific medication from a transmission for payment to an insurance company or other payment provider.

The excerpts from Joao cited in conjunction with the O.A. describe different combinations of participants to whom that system and method of Joao may apply (col. 12, lines 18-43); defines the scope of many terms employed in the Specification of Joao (col. 13, lines 7-20); describes the bidirectional flow of data between processing computers without specifically stating that certain information is excluded (col. 14, line 59 through col. 15, line 5); describes restrictions to database access corresponding to different healthcare providers (col. 19, lines 12-21); and describes earmarking sums of money for the payment of services (col. 37, lines 47-65).

The closest citation to the element of “transmitting the payment category and the payment to the insurance company excluding the medication information” is the Joao’s restriction to database access (col. 19, lines 12-21) but Applicants believe this is clearly distinguishable. Whether or not a particular healthcare provider is allowed access to

information stored in a database is a different than whether information is excluded from a transmission made in conjunction with a payment request. In other words, Joao limits information in a database based upon provider rather than excluding a particular type of information, i.e. information regarding specific information, from payment requests to all providers.

In addition, the cited passages of Joao do not suggest "providing limited access to the prescription information to third parties in response to authorization by the patient." Instead, Joao is directed to either secure communications (col. 4, lines 6-11) or simply limiting access to information (col. 7, lines 16-19 and col. 19, lines 7-12). Limiting access to information is a distinct and different operation than providing access to third parties in response to authorization by the patient.

To establish *prima facie* obviousness of a claimed invention under §103(a), all the claim limitations must be taught or suggested by the prior art. (M.P.E.P., §2143.03, citing *in re Royka*, 490 F.2d 981; 180 U.S.P.Q. 580 (CCPA 1974)). In the most recent Final Office Action, the Examiner concedes that Mayaud does not expressly teach the element of "transmitting the payment category and the payment to the insurance company excluding the medication information." (F.O.A., p. 3, lines 12-17). Joao is relied upon for this element and Applicants contend that this particular element is not suggested by Joao. Therefore, Applicant submits that the current grounds of rejection are in error and that the pending claims are in condition for allowance. An early indication thereof is respectfully solicited.

Registration Number 44,721	Telephone Number (512) 291-9203
Date Dec. 18, 2006	

Respectfully submitted,

By

  
Gregory K. Goshorn

Greg Goshorn, P.C.  
9600 Escarpment, Suite 745-9,  
Austin, TX 78749  
Telephone: (512) 291-9203  
Facsimile: (512) 535-4206

**CLAIMS APPENDIX**  
(Currently Pending Claims)

1. (Original) A method comprising:  
receiving a patient prescription for a specified medication;  
verifying availability of insurance coverage from an insurance company for  
the patient prescription;  
verifying an insurance payment category for the prescription;  
collecting a payment from the patient based on the payment category; and  
transmitting the payment category and the payment to the insurance company  
excluding the medication information.
2. (Original) The method of claim 1 wherein the payment category is  
selected from brand name, generic, and not covered.
3. (Original) The method of claim 1 further comprising dispensing the  
prescription to the patient.
4. (Original) The method of claim 1 further comprising collecting patient  
preexisting prescription information and patient insurance information from a storage  
medium.
5. (Original) The method of claim 4 further comprising recording the  
prescription and the payment on the storage medium.

6. (Original) The method of claim 1 further comprising checking for adverse reactions between the patient prescription and at least one preexisting patient prescription.

7. (Original) A method comprising:  
storing patient prescription information on a storage medium;  
providing unlimited access to the prescription information to the patient; and  
providing limited access to the prescription information to third parties in response to authorization by the patient.

8. (Original) A computer program product in a computer readable medium for use in a data processing system, for managing patient prescription information the computer program product comprising:

instructions for receiving a patient prescription for a specified medication;  
instructions for verifying availability of insurance coverage from an insurance company for the patient prescription;  
instructions for verifying an insurance payment category for the prescription;  
instructions for collecting a payment from the patient based on the payment category; and  
instructions for transmitting the payment category and the payment to the insurance company exclusive of the medication information.

9. (Original) The product of claim 8 wherein the payment category is selected from brand name, generic, and not covered.

10. (Original) The product of claim 8 further comprising instructions for dispensing the prescription to the patient.

11. (Original) The product of claim 8 further comprising instructions for collecting patient preexisting prescription information and patient insurance information from a storage medium.

12. (Original) The product of claim 11 further comprising instructions for recording the prescription and the payment on the storage medium.

13. (Original) The product of claim 8 further comprising instructions for checking for adverse reactions between the patient prescription and at least one preexisting patient prescription.

14. (Original) System for managing patient prescription information system comprising:

receiving means for receiving a patient prescription for a specified medication;

first verifying means for verifying availability of insurance coverage from an

insurance company for the patient prescription;

second verifying means for verifying an insurance payment category for the

prescription;

collecting means for collecting a payment from the patient based on the

payment category; and

transmitting means for transmitting the payment category and the payment to

the insurance company exclusive of the medication information.

15. (Original) The system of claim 14 wherein the payment category is selected from brand name, generic, and not covered.

16. (Original) The system of claim 14 further comprising dispensing means for dispensing the prescription to the patient.

17. (Original) The system of claim 14 further comprising collecting means for collecting patient preexisting prescription information and patient insurance information from a storage medium.

18. (Previously presented) The system of claim further comprising recording means for recording the prescription and the payment on the storage medium.

19. (Original) The product of claim 18 further comprising checking means for checking for adverse reactions between the patient prescription and at least one preexisting patient prescription.



**EVIDENCE APPENDIX**

No evidence has been submitted in conjunction with this application.

**RELATED PROCEEDINGS APPENDIX**

There are currently no related proceedings associated with this application.